

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

THOMAS J. MENNING

TRUSTEE

INR1D

Name (print)

Office (if applicable)

District (if applicable)

P.O. Box 8663 INCLINE VILLAGE, NV 89452

Telephone No.

E-Mail Address

Select Appropriate Box(es) ☒ CANDIDATE ☐ PAC ☐ BAG ☐ POL. PRY ☐ IND. EXP ☐ AMENDED ☐ ANNUAL FILING

☐ Annual Filing - Due January 15, 2004
Period: January 1, 2003 - December 31, 2003

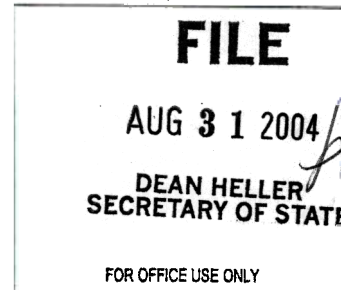
☒ Report #1 - Due August 31, 2004
Incumbents in an Office with a 4-year term Period: Jan. 5, 2001 - Aug. 26, 2004
Incumbents in an Office with a 6-year term Period: Dec. 20, 1998 - Aug. 26, 2004
All others Period: Jan. 1, 2004 - Aug. 26, 2004
Ballot Advocacy Groups (BAGs) only: Period: Dec. 5, 2002 - Aug. 26, 2004

☐ Report #2 Due - October 26, 2004
Period: Aug. 27, 2004 - Oct. 21, 2004

☐ Report #3 Due - January 15, 2005*
Period: Oct. 22, 2004 - Dec. 31, 2004
BAGs only: Period: Oct. 22, 2004 - Dec. 5, 2004

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Period: January 1, 2004 - December 31, 2004

* Third Report suffices for 2005 Annual Filing if candidate also filed Report Nos. 1 and 2



CONTRIBUTIONS SUMMARY

1. Total Monetary Contributions Received in Excess of \$100
2. Total Monetary Contributions Received of \$100 or Less

This Period

Cumulative From Beginning of Report Period #1 through End of This Reporting Period

3. Total Amount of Monetary Contributions Received
(Add Lines 1 and 2)
4. Total Value of In Kind Contributions Received in Excess of \$100

This Period

Cumulative From Beginning of Report Period #1 Through End of This Reporting Period

EXPENSES SUMMARY

5. Total Monetary Expenses Paid in Excess of \$100
6. Total Monetary Expenses Paid of \$100 or Less
7. Total Amount of All Monetary Expenses Paid
(Add Lines 5 and 6)
8. Total Value of In Kind Expenses in Excess of \$100

This Period

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature

Date

CAMPAIGN EXPENSES

Report Period # /

THOMAS J. MENNING

TRUSTEE

JUGID

Name (print)

Office (if applicable)

District (if applicable)

Expense Categories

| CATEGORIES | CODE |
|---|------|
| Office expenses | A |
| Expenses related to volunteers | B |
| Expenses related to travel | C |
| Expenses related to advertising | D |
| Expenses related to paid staff | E |
| Expenses related to consultants | F |
| Expenses related to polling | G |
| Expenses related to special events | H |
| ** Goods and services provided in kind for which money would otherwise have been paid | I |
| Other miscellaneous expenses | J |
| Expenses related to NRS 294A.160 (Disposition of Unspent Contributions) | K |

**** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

CAMPAIGN EXPENSES

Report Period # /

Thomas J. Menning

TRUSTEE

ING-10

Name (print)

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100

Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

| NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S) | CATEGORY (See Previous Page) NRS 294A.365 | DATE OF EACH EXPENSE | AMOUNT OF EACH EXPENSE |
|---|---|-------------------------|---------------------------|
| AMERICAN EXPRESS | D | 6/18/04 | 336. ⁰⁰ |
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State of Nevada

Name (print) THOMAS J. MENNING TRUSTEE District (if applicable) JUGID
 Office (if applicable) P.O. Box 8663 Incline Village, NV 89452 Telephone No. (775) 831-2537
 Mailing Address (include city and zip code) MENNINGJRC@aol.com
 E-Mail Address

Select Appropriate Box(es) ☒ CANDIDATE ☐ PAC ☐ BAG ☐ POL. PRY ☐ IND. EXP ☐ AMENDED ☐ ANNUAL FILING

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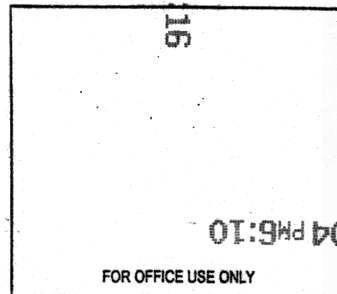
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State of Nevada

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P.O. BOX 8663 INCLINE VILLAGE, NV 89450 District (if applicable) 775 831-2537
 Mailing Address (include city and zip code) Telephone No.
MENNING@GMAIL.COM E-Mail Address

Select Appropriate Box(es) ☒ CANDIDATE ☐ PAC ☐ BAG ☐ POL. PRY ☐ IND. EXP. ☐ AMENDED ☐ ANNUAL FILING

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FOR OFFICE USE ONLY

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| This Period | Cumulative From Beginning of Report Period #1 through End of This Reporting Period |
|-------------|--|
| 9 | 9 |
| 9 | 9 |

3. Total Amount of Monetary Contributions Received
(Add Lines 1 and 2)
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| This Period | Cumulative From Beginning of Report Period #1 Through End of This Reporting Period |
|-------------|--|
| 9 | 9 |
| 9 | 9 |

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| | |
|---|------|
| 9 | 336. |
| 9 | 9 |
| 9 | 336. |
| 9 | 9 |

AFFIRMATION

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Signature

Date